

20210 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 202019 Revenues)

OMB

APPROVED BY

3060-0855

>>> Please read instructions before completing: <<<

Annual Filing -- due April 1, 2021@

Block 1: Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See [Instructions.]

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722.
If you are a new filer, write "NEW" in this block and a Filer 499 ID will be assigned to you.]

102 Legal name of filer _____

103 IRS employer identification number _____

104 Name filer is doing business as _____

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.]

- Audio Bridging (teleconferencing) Provider
- Coaxial Cable
- Non-Interconnected VoIP
- Private Service Provider
- Toll Reseller
- Incumbent LEC
- Operator Service Provider
- Satellite Service Provider
- Wireless Data
- Paging
- Shared-Tenant Service Provider / Building LEC
- Other Local
- Cellular/PCS/SMR (wireless telephony inc. by resale)
- Interexchange Carrier (IXC)
- Payphone Service Provider
- Other Mobile
- SMR (dispatch)
- Other Toll

If Other Local, Other Mobile or Other Toll is checked
describe carrier type / services provided:

106.1 Affiliated Filers Name/Holding Company Name (All affiliated companies must show the same name on this line.) _____

Check if filer has no affiliates

106.2 Affiliated Filers Name/Holding Company Name IRS employer identification number _____

[Enter 9 digit number]

107 FCC Registration Number (FRN) [<https://apps.fcc.gov/cores/userLogin.do>]
[For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]

108 Management company [if filer is managed by another entity] _____

109 Complete mailing address of reporting entity corporate headquarters

Street1
Street2
Street3
City _____

State _____

Zip (postal code) _____

Country _____

110 Complete business address for customer inquiries and complaints

check if same address as Line 109

Street1
Street2
Street3
City _____

State _____

Zip (postal code) _____

Country _____

111 Telephone number for customer complaints and inquiries [Toll-free number if available] _____

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers

a	b	c	d	e	f	g	h	i	j	k	l
---	---	---	---	---	---	---	---	---	---	---	---

Use additional sheets if necessary. Each filer must provide all names used for telecommunications activities

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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Block 2-A: Regulatory Contact Information

201	Filer 499 ID [from Line 101]							
202	Legal name of filer [from Line 102]							
203	Person who completed this Worksheet	First _____ () - -	MI _____ ext -	MI _____ Last				
204	Telephone number of this person							
205	Fax number of this person							
206	Email of this person not for public release							
207	Contact person name, office name, and mailing address of a corporate office to which correspondence regarding this Telecommunications Reporting Worksheet should be sent.	Office Email not for public release Street1 Street2 Street3 City Company		Attn: First name Phone () - ext -	MI Fax () -	MI Last		
	check if same name as Line 203 <input type="checkbox"/>							
	check if same address as Line 109 <input type="checkbox"/>							
208	Billing address and billing contact person [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	Email not for public release Street1 Street2 Street3 City State Zip (postal code)	Attn: First name Phone () - ext -	MI Fax () -	MI Last			
	check if name and address same as Line 207 <input type="checkbox"/>							
208.1	Email address pertaining to ITSP regulatory fee issues	not for public release	All carriers and providers of interconnected and non-interconnected VoIP must complete Lines 209 through 213. During the year, these filers must refile Blocks 1, 2, and 6 if there are any changes in this section. See Instructions					
	Block 2-B: Agent for Service of Process		Company _____ () - -	Attn: First name Phone () - ext -	MI Last			
209	D.C. Agent for Service of Process							
210	Telephone number of D.C. agent							
211	Fax number of D.C. agent							
212	Email of D.C. agent							
213	Complete business address of D.C. agent for hand service of documents	Street1 Street2 Street3 City Company _____ () - -	State DC Zip	Attn: First name Phone () - ext -	MI Last			
214	Local/alternate Agent for Service of Process (optional)							
215	Telephone number of local/alternate agent							
216	Fax number of local/alternate agent							
217	Email of local/alternate agent							
218	Complete business address of local/alternate agent for hand service of documents	Street1 Street2 City State Zip (postal code)	Country					

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Block 2-C: FCC Registration and Contact Information

Filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219	Filer 499 ID [from Line 101]	First Street1 Street2 Street3 City	State	Zip (postal code)	Country
220	Legal name of filer [from Line 102]	First MI	Last		
221	Chief Executive Officer (or, highest ranking company officer if the filer does not have a chief executive officer)				
222	Business address of individual named on Line 221 check if same as Line 109 <input type="checkbox"/>	First Street1 Street2 Street3 City	State	Zip (postal code)	Country
223	Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221) check if same as Line 109 <input type="checkbox"/>	First Street1 Street2 Street3 City	State	Zip (postal code)	Country
224	Business address of individual named on Line 223 check if same as Line 109 <input type="checkbox"/>	First Street1 Street2 Street3 City	State	Zip (postal code)	Country
225	Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 and 223) check if same as Line 109 <input type="checkbox"/>	First Street1 Street2 Street3 City	State	Zip (postal code)	Country
226	Business address of individual named on Line 225 check if same as Line 109 <input type="checkbox"/>	First Street1 Street2 Street3 City	State	Zip (postal code)	Country
227	Indicate jurisdictions in which the filer provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months. <input type="checkbox"/> Alabama <input type="checkbox"/> Guam <input type="checkbox"/> Massachusetts <input type="checkbox"/> New York <input type="checkbox"/> Alaska <input type="checkbox"/> Hawaii <input type="checkbox"/> Michigan <input type="checkbox"/> North Carolina <input type="checkbox"/> American Samoa <input type="checkbox"/> Idaho <input type="checkbox"/> Midway Atoll <input type="checkbox"/> North Dakota <input type="checkbox"/> Arizona <input type="checkbox"/> Illinois <input type="checkbox"/> Minnesota <input type="checkbox"/> Northern Mariana Islands <input type="checkbox"/> Arkansas <input type="checkbox"/> Indiana <input type="checkbox"/> Mississippi <input type="checkbox"/> Ohio <input type="checkbox"/> California <input type="checkbox"/> Iowa <input type="checkbox"/> Missouri <input type="checkbox"/> Oklahoma <input type="checkbox"/> Colorado <input type="checkbox"/> Johnston Atoll <input type="checkbox"/> Montana <input type="checkbox"/> Oregon <input type="checkbox"/> Connecticut <input type="checkbox"/> Kansas <input type="checkbox"/> Nebraska <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Delaware <input type="checkbox"/> Kentucky <input type="checkbox"/> Nevada <input type="checkbox"/> Puerto Rico <input type="checkbox"/> District of Columbia <input type="checkbox"/> Louisiana <input type="checkbox"/> New Hampshire <input type="checkbox"/> Rhode Island <input type="checkbox"/> Florida <input type="checkbox"/> Maine <input type="checkbox"/> New Jersey <input type="checkbox"/> South Carolina <input type="checkbox"/> Georgia <input type="checkbox"/> Maryland <input type="checkbox"/> New Mexico <input type="checkbox"/> Wyoming <input type="checkbox"/> South Dakota				
228	Year and month filer first provided (or expects to provide) telecommunications in the U.S. <input type="checkbox"/> Check if prior to 1/1/1999, otherwise: PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001	Year	Month		

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Block 3: Carrier's Carrier Revenue Information

301	Filer 499 ID [from Line 101]		Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates Interstate (b)	Breakouts International (c)	Interstate Revenues (d)	International Revenues (e)
302	Legal name of filer [from Line 102]						
303	Report billed revenues for January 1 through December 31, 2019-2020. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.	See instructions regarding percent interstate and international.					
303.1	Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms						
<i>Fixed local service</i> Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs							
303.2	Provided as unbundled network elements (UNEs) Provided under other arrangements						
304.1	Per-minute charges for originating or terminating calls Provided under state or federal access tariff						
304.2	Provided as unbundled network elements or other contract arrangement Local private line & business data service						
305.1	Provided to other contributors for resale as telecommunications						
305.2	Provided to other contributors for resale as interconnected VoIP						
306	Payphone compensation from toll carriers						
307	Other local telecommunications service revenues						
308	Universal service support revenues received from Federal or state sources						
<i>Mobile services (i.e., wireless telephony, paging, and other mobile services)</i>							
309	Monthly, activation, and message charges except toll						
<i>Toll services</i>							
310	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)						
311	Ordinary long distance/direct-dialed MTS, customer toll-free (800/888 etc.) service, “10-10” calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above						
312	Long distance private line services						
313	Satellite services						
314	All other long distance services						
315	Total revenues from resale [Lines 303 through 314]						

See section III.C.2 of the instructions for the requirements applicable to revenue reported on this page. These records must be made available to the administrator or the FCC upon request.

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Block 4-A: End-User and Non-Telecommunications Revenue Information**401** Filer 499 ID [from Line 101]**402** Legal name of filer [from Line 102]

Report billed revenues for January 1 through December 31, 2019-2020.

Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.

See instructions regarding percent interstate and international.

Revenues from All Other Sources (end-user, telecom, & non-telecom.)**403** Surcharges or other amounts on bills identified as recovering

State or Federal universal service contributions

Fixed local services

Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges

Traditional Circuit Switched

404.1 Provided at a flat rate including interstate toll service – local portion

404.2 Provided at a flat rate including interstate toll service – toll portion

404.3 Provided without interstate toll included (see instructions)

Interconnected VoIP

404.4 Offered in conjunction with a broadband connection

404.5 Offered independent of a broadband connection

405 Tariffed subscriber line charges, Access Recovery Charges, and PICC charges levied by a local exchange carrier on a no-PIC customer

406 Local private line & business data service [Includes the transmission portion of wireline broadband Internet access provided on a common carrier basis.]

407 Payphone coin revenues (local and long distance)

408 Other local telecommunications service revenues

Mobile services (i.e., wireless telephony, paging, and other mobile services)

409 Monthly and activation charges

410 Roaming and air-time charges for toll calls, but excluding separately stated toll charges

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Block 4-A: Continued

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts Interstate Revenues (d)	Breakouts International Revenues (e)
		(b)	(c)		
<i>Toll services</i>					
411	Prepaid calling card (including card sales to customers) and non-carrier distributors) reported at face value of cards				
412	International calls that both originate and terminate in foreign points				
413	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412			0%	100%
414.1	Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) services, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)				
414.2	All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills				
414.3	All interconnected VoIP long distance, including, but not limited to, itemized toll				
415	Long distance private line services				
416	Satellite services				
417	All other long distance services				
418.1	Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection, customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions)				
418.2	bundled with circuit switched local exchange service				
418.3	bundled with interconnected VoIP local exchange service				
418.4	Other				
	non-interconnected VoIP revenues not included in any other category				
Block 4-B: Total Revenue and Uncollectible Revenue Information					
419	Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]				
420	Gross universal service contribution base amounts [Lines 403 through 411 plus Lines 413 through 417] [See Table 3 in instructions.]				
421	Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See instructions.]				
422	Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420 [Line 420 minus line 422]				
423	Net universal service contribution base revenues				

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Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]

502 Legal name of filer [from Line 102]

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

		Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom (b)
503	Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	%
504	Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	%
505	West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island	%
506	Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and, West Virginia	%
507	Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin	%
508	Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	%
509	Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas	%
510	Total:	[Percentages must add to 0 or 100.]	%

511 Revenues from resellers that do not contribute to universal service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)

		(a)	(b)
	Revenues from resellers that do not contribute to Universal Service	Total Revenues	Interstate and International
512	Gross TRS contribution base amounts [Lines 403 through 417 plus Line 418.4 less Line 511]		
513	Uncollectible revenue/bad debt expense associated with TRS contribution base amounts shown on Line 512		
514	Net TRS contribution base revenues [Line 512 less Line 513]		

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Block 6: CERTIFICATION: to be signed by an officer of the filer

601	Filer 499 ID [from Line 101]
602	Legal name of filer [from Line 102]

Section IV of the instructions provides information on which types of filers are required to file for which purposes. Any filer claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which filers meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify below.]

603	I certify that the filer is exempt from contributing to:
-----	--

Universal Service TRS NANPA LNP Administration

Provide explanation below:

604	Please indicate whether the filer is	State or Local Government Entity <input type="checkbox"/>	I.R.C. § 501 or State Tax Exempt (see instructions) <input type="checkbox"/>
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605	I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.7(1) and 64.604 of the Commission's rules.
-----	--

I certify that I am an officer of the above-named filer as defined in the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named filer is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in section III-B of the instructions.

606	Signature	First	MI	Last
607	Printed name of officer			
608	Position with reporting entity			
609	Business telephone number of officer	()	-	ext -
610	Email of officer not for public release			
611	Date			
612	Check those that apply	<input type="checkbox"/> Original April 1 filing for year	<input type="checkbox"/> New filer, registration only	<input type="checkbox"/> Revised filing with updated registration

Revised filing with updated revenue data
Do not mail checks with this form. **File this form online:** <https://forms.universalservice.org/portal/login>
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@usac.org

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